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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
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Verified and Acknowledged		Initials			

**ADDRESS**

026304

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**TITLE**

Surface-mount crystal oscillator

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
ACCOUNT		<input type="checkbox"/> 1.16 Fees ( Filing )
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